## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)



Attorney's Docket Number: 5876.200-US

As a below named inventor, I hereby declare that:

wry residence, post orn	ice address and chizensinp are as	stated below flext to my flame.	
	inal, first and sole inventor (if onlal names are listed below) of the invention entitled:		
Cassette for storing an	nd insertion of solid medicine		
[ ] is attached her	nich (check only one item below): reto Inited States application		
Application No. To	Be Assigned		
on April 13, 2000 and was amended on			
[ ] was filed as PCT in Number	ternational application		
and was amended under	er PCT Article 19		
	have reviewed and understand t s amended by an amendment refe		fied specification,
	ty to disclose information which 37, Code of Federal Regulations,		this application in
application(s) for pate inventor's certificate o the United States of A patent or inventor's c other than the United S	y benefits under Title 35, United nt or inventor's certificate or of a rof any PCT international applications and listed below and have a certificate or any PCT internation States of America filed by me on s) of which priority is claimed:	any PCT international applicationations(s) designating at least one lso identified below any foreign at application(s) designating at	ns(s) for patent or country other htan application(s) for least one country
	OREIGN/PCT APPLICATION(S		
COUNTRY T, indicated "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM: UNDER 35 USC 1
rk	PA 1999 00509	16 April 1999	[X] YES [] N

PRIOR U.S. PROVISIONAL/I	FOREIGN/PCT APPLICATION(	S) AND ANY PRIORITY CLA	IMS UNDER 35	U.S.C. 119:
COUNTRY (if PCT, indicated "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)		Y CLAIMED 35 USC 119
Denmark	PA 1999 00509	16 April 1999	[X] YES	[ ] NO
U.S.A.	60/130,625	22 April 1999	[X] YES	[ ] NO
			[]YES	[ ] NO
			[]YES	[ ] NO
			[]YES	[ ] NO

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

Attorney's Docket Number:

5876.200-US

I hereby claim the benefit under Title 35, United States Code '120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, '112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, '1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

			UNDER 35 U.S.C. 120:	
		U.S. APPLICATION	NS	STATUS (Check one)
U.S. APPLICATION NUMBER		ATION NUMBER	U.S. FILING DATE	Patented Pending Abandoned
	APPLICATION	PCT APPLICATIONS DESIGNA NO. FILING DATE	US SERIAL NUMBERS	
	ATTEMENTION	TIENO DATE	ASSIGNED (if any)	
POW	ER OF ATTORNEY	: As a named inventor, I hereby appoint the f	ollowing attorney(s) and/or agent(s) to prosecute this appl	ication and transact all business in the Patent and
Trade	mark Office connect	ed therewith. Steve T. Zelson Elias J. Laml	oiris Valeta A. Gregg Carol E. Rozek Robert L. St 3. No. 38,475	arnes Reza Green, Reg. No. 30,335 Reg. No.
		: Steve T. Zelson, Esq.		Direct Telephone Calls To:
		Novo Nordisk of North America, Inc. 405 Lexington Avenue, Suite 6400		Steve T. Zelson (212) 867-0123
		New York, New York 10174-6400		
ı	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Davidson 6	Buch-Rasmussen	Thomas	
	Residence & Citizenship	City Gentofte	State or Foreign Country Denmark	Country of Citizenship Denmark
	Post Office	Post Office Address	City	State & Zip Code/Country
	Address	Dalvej 28	DK-2820 Gentofte	Denmark
2	Full Name of Inventor	Family Name	First Given Name	Second Given Name
		Aasmul	Søren	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
		Holte	Denmark	Denmark
	Post Office Address	Post Office Address	City	State & Zip Code/Country
		Borgmester Schneiders V	/ej DK-2840 Holte	Denmark
		60		
3	Full Name of Inventor	Family Name	First Given Name	Second Given Name
		Flink	James	<b>M</b> .
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
		Frederiksberg	Denmark	U.S.A.
	Post Office Address	Post Office Address	City	State & Zip Code/Country
		Fuglebakkevej 63	DK-2000 Frederiksberg	Denmark
4	Full Name of	Family Name	First Given Name	Second Given Name
	Inventor	Hansen	Philip	
	Residence &	City	State or Foreign Country	Country of Citizenship
	Citizenship	Holte	Denmark	Denmark
	Post Office	Post Office Address	City	State & Zip Code/Country
	Address	Skovmindevej 23B	DK-2840 Holte	Denmark
		1 3		





## Attorney's Docket Number: COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications) 5876.200-US Family Name First Given Name Second Given Name Full Name of Inventor Juul-Mortensen State or Foreign Country Country of Citizenship City Residence & Citizenship Denmark Frederiksberg Denmark Post Office Address State & Zip Post Office Address Code/Country Junggreensvej 8 **DK-2000 Frederiksberg** Denmark Family Name First Given Name Second Given Name Full Name of Inventor **Poulsen** Jens Ulrik State or Foreign Country Country of Citizenship Residence & City Citizenship Virum Denmark Denmark Post Office Post Office Address City State & Zip Code/Country Denmark Virumgade 54C Denmark First Given Name **Family Name** Second Given Name Full Name of 7 Inventor City State or Foreign Country Country of Citizenship Residence & Citizenship Post Office Address City State & Zip Post Office Code/Country Address **Family Name** First Given Name Second Given Name 8 Full Name of Inventor State or Foreign Country Country of Citizenship City Residence & Citizenship Post Office Address City State & Zip Post Office Code/Country Address Family Name First Given Name Second Given Name Full Name of Inventor City . State or Foreign Country Country of Citizenship Residence & Citizenship Post Office Address City State & Zip Post Office Code/Country Address

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

ate
gnature of Inventor 6
ate
gnature of Inventor 9
ate